

# INDIVIDUAL DEVELOPMENT PLAN

For: \_\_\_\_\_ Position: \_\_\_\_\_ GR/series \_\_\_\_\_

Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_

FY \_\_\_\_\_ from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The following training proposal reflects the competencies required for the position stated and successful support of the division (PD and competencies attached) and has been reviewed and agreed upon by:

Employee (signature) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor (signature) \_\_\_\_\_ Date \_\_\_\_\_

Developmental Goals as currently stated:

Job related: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training Desired

Source/method

Time frame

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

Complete this form for each employee three months prior to the beginning of each fiscal year or within six weeks of hire.

Explanation of training columns:

**TRAINING DESIRED** -- list topics; be specific, giving actual course titles for formalized training when known

**SOURCE/METHOD** -- indicated manner in which training is desired; i.e. informal - on-the-job/cross training/tad/shadowing/ or formal/structured/classroom/computerized AND where the training might be obtained: vendor/govt.office/division

**TIME FRAME** -- list specific dates if known or desired time periods (quarters, months, etc.)

(Use this section to prioritize training requests)